

ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

Establishment Form

This form is required when applying for a new establishment license, relocating an existing establishment, or when changing the name of the establishment or owner. The fee to register a new establishment or relocate an existing establishment is \$50.00. The form and fee must be submitted two (2) weeks prior to the opening date. You will receive a letter of authorization permitting you to operate the establishment until it is inspected. The letter of authorization must be posted in the reception area of the establishment up to the time that it may be replaced with your license. The fee to change the name of the establishment or owner is \$7.00 for one and \$12.00 for both. The form and appropriate fee must be submitted together, along with a legal document, bill of sale or notarized statement from the previous owner to support the change of ownership. A duplicate license will be mailed to you in approximately two (2) weeks.

NEW ESTABLISHMENT INFORMATION OR PRIOR INFORMATION IF RELOCATING: Print using blue or black ink.

Establishment Name	Telephone Number
Address Where Establishment Receives Mail	Suite or Apartment #
City, State and Zip Code	County
Physical Address of Establishment (if different from above)	Note: If a rural route or PO Box, please provide directions on a separate sheet of paper.
City State and Zip Code (if different from above)	County (if different from above)
Type of Establishment (Circle One) Cosmetology Manicure Electrology Aesthetics	Opening Date
Days Closed (Circle All That Apply) Sunday Monday Tuesday Wednesday Thursday Friday Saturday	Opening and Closing Times

OWNER INFORMATION:

Is the owner a Corporation?	If yes, name of Corporation. Also complete the information below.	
If no, is owner licensed?	If yes, please provide the owner's ID and license numbers.	
Last Name of Owner	First Name of Owner (no nickname)	Middle Name of Owner
Social Security Number	Date of Birth	Gender MALE FEMALE
Address Where You Live		Telephone Number
City, State and Zip Code		County
Race (circle one): Black White Am. Indian Hispanic Asian Alaskan Native		

DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY

ID NUMBER	PERMIT NUMBER	RECEIPT NUMBER	DATE

RELOCATION INFORMATION: Print using blue or black ink.**Did any of the following change with the location? If yes, please place a check mark beside the appropriate one.**

☐ **Name of Establishment**
☐ **Owner**
☐ **Name of Establishment and Owner**

PLEASE ENTER THE NEW INFORMATION FOR THE ESTABLISHMENT

Establishment Name	Telephone Number
Address Where Establishment Receives Mail	Suite or Apartment Number
City, State and Zip Code	County
Physical Address of Establishment (if different from above)	Note: If a rural route or PO Box, please provide directions on a separate sheet of paper.
City State and Zip Code (if different from above)	County (if different from above)
Type of Establishment (Circle One) Cosmetology Manicure Electrology Aesthetics	Opening Date
Days Closed (Circle All That Apply) Sunday Monday Tuesday Wednesday Thursday Friday Saturday	Opening and Closing Times

PLEASE ENTER THE NEW INFORMATION FOR THE OWNER

Name		Telephone Number
Address Where Owner Receives Mail		Suite or Apartment Number
City, State and Zip Code		County
Social Security Number	Date of Birth	Gender MALE FEMALE
Race (circle one): Black White Am. Indian Hispanic Asian Alaskan Native		

Applicant Signature: By signing this application, I certify that the information provided is correct to the best of my knowledge, and I am the establishment owner or am authorized to act as the owner's agent. Further, I understand that false statements will be sufficient grounds for the Board to take disciplinary action. I have read this form, the laws and the Board's rules and regulations and have complied with them during this process. In addition, I agree to close the establishment in the event that the Cosmetology Inspector determines that the establishment is not in compliance with the applicable laws and rules and regulations.

Date	Printed Name	Applicant's Signature
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Date	Amount	Receipt Number
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